

**The Ongoing Battle With Crisis:  
Determining the Factors of Crisis Planning for  
Public Relations Professionals**

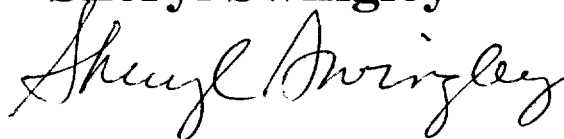
**An Honors Thesis (HONRS 499)**

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A handwritten signature in black ink that reads "Sheryl Swingley". The signature is written in a cursive, flowing style.

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## **Abstract:**

*The following research project evaluates four areas of crisis communication planning. The relevance of autonomy of the public relations department, interaction with upper-level management, the presence of a written crisis communication plan and the importance of the existing communication culture of an organization were researched through a review of literature, a summary of well-known cases, in-depth interviews with professionals and a survey. Following an interpretation of the research results, a narrative detailing an internship experience that prompted the interest in crisis communication and a sample plan developed by the researcher are included.*

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*Thank you to Sheryl Swingley, my thesis advisor, for helping me to fine tune this project on a tight deadline. Thanks to my roommate Amy Stucker for listening and agreeing with my violent stress related outbursts as the deadline drew closer. Thanks also to my parents for, as always, being a constant source of support, encouragement, patience, and humor.*

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## **Introduction**

President Clinton became involved with Monica Lewinsky. Woodstock '99 went up in flames and riots. A Piper Saratoga aircraft crashed killing high profile couple, John F. and Carolyn Bessette Kennedy. Coke was forced into its largest product recall in its 113 years of business (Cobb, 1999).

Organizations and companies are forced to face crises each day. Some companies prevail with shinier reputations than prior to the crisis while others crawl from the ashes, tarnished and ruined. Yet, “from 50 to 70 percent of the largest profit-making organizations in the United States haven’t made any disaster plans” (Burnett, 1998). Planning is difficult because every crisis is unique to the organization that it strikes. However, some professionals have identified characteristics that seem to be universal to crisis situations. Crises are surprises. There always seems to be a lack of information available. There is an escalation in the flow of events. There is a loss of control. The company experiences intense scrutiny from the outside. A siege mentality often takes over. Panic occurs, and a short-term focus overtakes the organization (Umansky, 93/94).

Faced with such challenges and unstable environments, public relations professionals continually question literature, experience, colleagues and themselves – What is the best way to handle a crisis situation? Some sources suggest that extensive planning is the ideal way to approach this issue while others argue that a plan that sits on the shelf will never achieve the desired results, no matter how detailed the item becomes. Current literature is beginning to look towards other organizational factors that may combine with the presence or absence of a crisis plan. The results of such combinations may either help or hinder the organization.

Research into these alternatives may assist public relations professionals to better prepare their companies for a crisis situation. Better preparation may allow companies to get back on their feet and serve those same customers that they served prior to the crisis situation. This particular study was aimed to reveal which areas of preparation are the most critical to successful crisis communication efforts.

## **Review of Literature**

Literature reviewed prior to conducting this study revealed several possible areas for extended research including: the effect of communication culture and public relations staff autonomy on crisis communication, the strategic thinking process of public relations professionals, specifically whether they should be involved with upper management in the making of crisis communication decisions and the effects of customized communication through different stages of crisis.

The first article, “Crisis Communication Plans: Poor Predictors of Excellent Crisis Public Relations,” evaluated the effectiveness of crisis communication plans within different organizational cultures. It was researcher Francis J. Marra’s assumption that crisis plans would fail in cultures where communication was not valued and/or where public relations practitioners were not given the autonomy to perform their duties as necessary during a crisis situation.

The questions addressed by the study included the following: Is crisis communication solely the result of preparing a thorough list of instructions, suggestions and checklists? How does organizational culture affect the implementation of crisis communication plans? Is organizational communication culture a better predictor of crisis communication success than the absence or presence of a solid crisis plan? How does the level of autonomy given the public relations staff affect the outcome of crisis communication efforts?

Marra utilized literature review and in-depth case studies to conduct research into the above areas. Case studies reviewed included Union Carbide, NASA, University of Maryland, Exxon, Johnson & Johnson, McDonald's, AT&T and Luby's Cafeteria.

Marra found that the underlying communication culture and the level of autonomy given to the public relations department could either enhance or hinder the implementation of the crisis plan. To implement a crisis plan, practitioners must be able to disclose information to the public in a timely matter. If the culture of the organization does not support this forthcoming approach, any crisis plan will likely fail. Marra states, "Several case studies provide examples of how an equally strong but closed and defensive communication culture can neutralize any benefit of a crisis communication plan."

Similarly, if the public relations department is forced to have all communications efforts reviewed and approved several times before acting, the department is inhibited from using the communication techniques necessary to reduce the damage from crisis. Thus, the crisis plan is relatively ineffective because its purpose is not supported by the organization.

Marra concluded that crisis communication plans alone cannot predict a company's success or failure in a crisis situation. Marra also concluded that too many organizations focus on a communication plan as a single answer to a crisis situation while ignoring other important aspects, such as communication culture and autonomy. The research suggests that companies who build relationships with their publics and their employees will experience enhanced success with crisis. Marra does concede that the technical skills addressed in crisis plans are necessary in addressing crisis, but can only be used effectively if other variables are first in place. Marra states that mistakes are often made when public relations people are forced to adhere to communication decisions made by executives who



do not understand the practice of public relations. He suggests that organizations use public relations professionals as advisors in crisis communication situations rather than simple bearers of a pre-designed message.

Marra presents a strong case for the importance of communication culture and autonomy in crisis communication. The importance of a formal plan is also suggested; however, the research appeared to reveal that all three variables should be present for success. The case studies presented were strong and quite detailed. More examples could have been utilized throughout the article, but the research still appeared solid. It may have increased the credibility of the study to include quantitative methodology within this project. Perhaps the researcher could have conducted an analysis using survey techniques or something similar to the conjoint analysis employed by researchers Peggy Simcic Bronn and Erik Olson in the article, "Mapping the Strategic Thinking of Public Relations Managers in a Crisis Situation."

Bronn and Olson examined the strategic thinking of public relations professionals in a crisis situation. The research focused on devising a quantitative method to evaluate the strategic thinking levels of public relations executives. The researchers believed that public relations professionals often experience low to moderate levels of involvement in corporate decision making. The study itself attempted to assess the competence of public relations practitioners to advise senior management in a crisis situation.

The goal of the project was to be able to assess the ability of public relations managers within an organization to interact with senior management in formulating strategic plans. Questions addressed by the study included the following: Are public relations professionals satisfactorily competent in strategic thinking and planning? Should

these professionals be involved in the organizational strategic planning efforts? How can researchers quantitatively evaluate the strategic thinking abilities of public relations professionals?

To execute the study, the researchers utilized metric conjoint analysis. Metric conjoint analysis requires the researchers to select three criteria to evaluate strategic thinking. In this case, the researchers collected research-based information, reviewed the use of a formal communication plan and determined how involved the public relations practitioners were with top management. Each area was then broken down into three statements that were rated high, medium and low. The following statements were utilized for this study.

**Research-based information collection:**

**High:** Would probably use relevant research-based information on the environment and stakeholders concerned with the crisis.

**Medium:** Would have some information on the environment and stakeholders concerned with the crisis.

**Low:** Would probably have no relevant information on the environment and stakeholders concerned with the crisis.

**Communications Plan:**

**High:** Follow a written communications plan specially made for a crisis.

**Medium:** Follow an informal communications plan generally designed for unpleasant situations.

**Low:** Respond to the situation as best as they could without following a plan.

**Involvement with Other Top Managers:**

**High:** Would be actively involved with other top managers in deciding what needs to be done to work with the crisis.

**Medium:** Would be somewhat involved with other top managers to decide how to handle the crisis.

**Low:** Will only follow directives given by top management after they have decided how the crisis should be handled.

Bronn and Olson studied and compared two public relations managers. Each manager was given nine cards identifying a specific crisis situation. The managers were then asked to evaluate their company's method of handling each situation and then to rate their ideal method of handling each situation along the high to low continuums set above. Results were calculated comparing the managers' current situations to their ideal situations. High levels on each criterion indicated a high level of strategic thought and vice versa.

The researchers found that the first manager's organization conducted little crisis communication planning, and the manager had little or no contact with senior management, but the company did collect information on stakeholder groups. The first manager indicated a preference for increased communications planning and more involvement with senior management.

The second manager indicated little difference between the actual situation in his or her company and the desired situation. The second manager's company used researched-based information collection, followed a written crisis communication plan, and the manager was actively involved with upper management. The second manager rated this scenario as his or her ideal situation. However, the second manager stressed the importance

of the formal plan rather than the involvement with management preferred by the first manager.

The researchers concluded that a manager who rated in the high section, used research-based information, followed a crisis plan, and interacted with upper management, exhibited a high level of strategic thinking and should not be excluded from strategic planning sessions. The manager's were rated on the actual and ideal situations for their company to assess both the strategic thinking level of the manager and the level of recognition of strategic thinking by the company.

Through this study and similar endeavors, organizations can assess the strategic planning ability of their public relations professionals. Often, these practitioners are excluded from such planning. If, however, studies such as this show that public relations professionals indeed possess the desired strategic thinking skills, there would be no reason to exclude them from such sessions. The researchers then suggest that organizations be prepared to invest in giving public relations practitioners the resources necessary to put their strategic communication methodology to work for the company.

Bronn and Olson conducted a solid study with quantifiable results. The study could have possibly been expanded to include more subjects, but the methodology and evaluation used gave this study credibility. Further study may conclude that while public relations professionals may be excluded from strategic planning processes, these individuals should participate. It may also be interesting to evaluate crisis case studies where public relations professionals are and are not included in the planning process to determine what, if any, effect inclusion has on crisis communication success.

Continuing with a discussion of strategic thinking in crisis management, researcher David Sturges proposed in his article “Communicating Through Crisis” that strategic decision making should be used to evaluate the level and stage of crisis and to customize messages that are compatible with the situation. Sturges asserts that crisis communication is often viewed as a single element rather than a component of a larger communication policy and strategy. To increase effectiveness, crisis communication must be viewed as a communication strategy targeted to influence opinion development among relevant publics.

The observation conducted by Sturges asks if crisis communication can increase effectiveness by tailoring the communication methods to suit different stages of crisis. Sturges suggests that crisis communication may be most useful when it targets publics’ needs at a specific stage in the crisis situation. He hypothesizes that publics respond better, for example, to positive information about the company prior to and during the abatement stage of the crisis situation.

Sturges utilized literature on crisis preparation, company crisis plans (practitioner-oriented literature) and case studies to conclude how crisis communication should be tailored to the publics involved. The study also applied basic opinion formulation stages to crisis communication efforts. This study determined appropriate guidelines for addressing the relevant publics and laid the groundwork for further research in this area.

Sturges concluded that crisis contains four stages. The initial stage, referred to as the prodromal period, is the buildup before the crisis. This stage can be ongoing and is characterized as the time period before the crisis is recognized by the public. Sturges suggests communicators utilize internalizing information during this stage. Internalizing

information helps the audience to formulate an opinion toward the company and familiarizes the publics with the company's position related to a crisis. Internalizing information is generally favorable information about the company and is utilized to build goodwill.

The second stage, the crisis breakout, contains the actual eruption of the crisis and requires the organization to distribute instructing information to assist the audience in reacting to the crisis situation at hand. Internalizing information such as news releases and favorable advertising and promotions should be reduced or eliminated during this time to ensure clear messages to the audiences and to avoid arousing negative reactions. Publics may react angrily to positive messages about the company during a crisis breakout.

The abatement stage is the third stage. During this time, the crisis lingers on. The abatement stage may last for up to several years. Sturges suggests that communicators utilize adjusting information during this time. Adjusting information is any information that helps the audience to psychologically cope with the crisis situation and its impact. This information answers the question of what to do in the aftermath of a crisis. Again, internalizing information should be reduced because audiences will be focused primarily on the impact of the crisis.

The final stage, termination, occurs when the crisis is no longer a relevant issue. When the crisis enters termination, crisis communicators can again resume submitting internalizing information. This can be used to once again strengthen the image of the company.

The actual methodology for this study appeared weak. However, the study did seem to lay the foundation for further studies into crisis communication. Sturges presented

a viewpoint from which further research might be conducted. Of particular interest to my current study were the suggested research methods within the article. Sturges suggests further research into the effectiveness of crisis communication by observing organizational culture. This research would focus on the correlation among types of organization and the likelihood of the organization to customize messages during a crisis. Sturges also suggests identifying organizations that have experienced a crisis to determine if message content varies with positive and negative outcomes. Finally, he suggests that future researchers select two or more organizations for a longitudinal study to analyze message content before, during and after crisis. Comparisons could then be made as to the effectiveness of tailoring the message to each crisis stage.

### **Summaries of Crises**

Several cases from the past 20 years illustrate the importance of the areas of crisis communication discussed in the review of literature. Highly recognizable companies such as Pepsi, Johnson and Johnson and Exxon have either utilized customized communication, cooperation between management and public relations staff, established communication culture and autonomy of the public relations team to enhance their crisis communication plans or vice versa. Some companies have allowed lack of attention to these areas to hinder their communication efforts.

In the case of Pepsi's syringe scare in 1993, the company employed aggressive public relations tactics to counter copycat incidents and fear invoked in the public. In response to the syringe incidents, Pepsi immediately began researching the bottling process, searching for ways that a syringe could have been inserted in the can prior to distribution and sale. During this time, Pepsi did not necessarily focus on promoting the

company (distributing internalizing information), rather they opted to take a research approach and not deny responsibility until all possibilities had been exhausted. This approach, successfully utilized by Pepsi, supports researcher David Sturges stance in the “Communicating through Crisis” article that crisis communication tends to be most beneficial when tailored specifically to the needs of the public at that stage in the crisis. As the research was being conducted, Pepsi was in what Sturges classifies as the second stage or crisis breakout. Referring to the literature review, one can find that Sturges warns public relations professionals from employing internalizing information about the company during the breakout stage. In fact, if Pepsi had continued its normal advertising campaigns, it might have aroused negative public reactions to Pepsi. Instead, Pepsi distributed instructing information, helping the public to react to the current situation, making it an excellent example of how to handle a crisis, according to Sturges.

Pepsi distributed a variety of instructing information mostly via television. VNRs were released featuring company President Craig Weatherup, can-filling footage, messages from plant managers, arrest footage and a surveillance video that exposed product tampering. In addition to these releases, Pepsi placed Weatherup and the Pepsi product safety expert on various news programs across all three major news networks. Pepsi also embraced FDA investigation and reports.

Employees were also treated with the utmost consideration. Advisories were sent to bottlers and managers at least once daily but often several times per day to update the situation. This information was to be shared with employees and customers. These actions not only displayed willingness to cooperate but also efforts by the company to give the public any and all information it needed at different stages of the crisis progression. Pepsi



provides a somewhat textbook example of Sturges suggested customized communication techniques.

Exxon, however, allowed a lack of customized communication to hinder its crisis communication effectiveness. Instead of being reputed as a concerned and involved company, Exxon lost trust and seemed uninterested or uncaring toward the events that resulted from an oil spill that occurred in 1989. First, Exxon executives decided to keep chairman Lawrence Rawl in New York rather than sending him to the site of the spill. This move, or lack thereof, communicated that the chairman was not concerned enough with the event to leave his office. However, Exxon did establish its media base in Valdez, Alaska, leaving hundreds of media people in other cities uninformed. Exxon would have been better served to establish a media base in another area of the United States because communication access to Valdez was limited and kept many media from reporting timely information or reporting at all from the site. Information distribution was slow at best and left media guessing about the details of the situation.

In direct conflict with Sturges' suggestions on customized communication, Chairman Rawl waited a full week before responding to the situation, and when communication was made, blame was placed on others, such as the Coast Guard and Alaskan officials. Referring to Sturges' article, the public did not want to watch finger pointing; it needed instructing information to assist in dealing with the situation at hand. In other words, the situation had already occurred, now it needed to be dealt with.

Also in conflict with the Sturges' research, Exxon issued a seemingly self-serving ad 10 days into the crisis. As discussed above, internalizing information can provoke a negative reaction when provided at a stage when it is not compatible with public need.

Exxon tended to downplay the level of the crisis. In one interview, Rawl was even quoted as saying, "I can't give you details of our cleanup plan. It's thick and complicated. And I haven't had a chance to read it yet. The CEO of a major company doesn't have time to read every plan." Such a statement communicates that not only is the company unwilling to give the public the information necessary to deal with the crisis but also that the situation is not a priority for the company. These messages give adequate reason to develop negative attitudes towards Exxon and hinder any positive effects a crisis plan may have had.

A tightly closed communication culture or a lack of autonomy in the public relations department may also inhibit positive crisis communication results. For example, prior to the Tylenol capsule poisonings, Johnson and Johnson had maintained a tight-lipped attitude towards communication. Chairman James Burke had never appeared on television and had rarely participated in print media interviews in his 30-year career with Johnson and Johnson. However, in 1982, when the first series of Tylenol poisonings occurred, Johnson and Johnson shedded that culture to pursue a more aggressive crisis management campaign. The company realized, as suggested by researcher Francis Marra, that to prevent a public panic, the company must adopt an informative and open communication culture. Using this strategy, Johnson and Johnson successfully handled two bouts of poisonings, the first in 1982 and the second in 1986. The company finally opted to voluntarily remove the capsules from the market and eliminate risk of another incident. As a result, the company's reputation was not significantly damaged due to public relations efforts. In fact, President Reagan commended Johnson and Johnson for its performance during the crisis.

The Johnson and Johnson case also illustrates how a high level of involvement between the public relations and upper level management teams will affect crisis management efforts. Such cooperation made it easier for the company to distribute information more quickly. Decisions were not delayed due to excessive review or a long chain of authority. For example, originally, the company believed that it did not utilize any cyanide in its plants. However, when it was later discovered that cyanide was used at Johnson and Johnson, the public relations staff was allowed to communicate the change quickly.

Pepsi used management to add emphasis to its crisis message as well. CEO Weatherup was part of the appointed crisis team. He served, along with others, as a spokesperson for the company. He was highly visible to the public, creating a perception of a high level of concern.

Opposite of Johnson and Johnson and Pepsi, where the CEOs were part of the organized public relations teams, Exxon Chairman Rawl appeared distant and uninterested in the situation. Consequently, the public and media formed a negative perception of Exxon and its efforts to correct the mistake. If Rawl had participated with the crisis team in Valdez, perhaps the media would have formed a better impression of the company and its concern.

As illustrated, summaries of examples of successful and failed crisis management efforts support ideas proposed by earlier research. Thus, the researcher opted to also evaluate the opinions of Indianapolis area professionals. Professionals were asked to evaluate the effects of public relations staff autonomy, a high level of interaction with

upper-level management, the presence of a formal crisis communication plan and a highly open communication culture on crisis communication efforts.

Considering the implications of the above research and the summaries of popular crisis situations, the focus of this study will be guided by the following research questions:

RQ1: How imperative are formal, written crisis communication plans?

RQ2: In successful crisis public relations, how much of that success stems from the crisis plan itself?

RQ3: Which crisis plan tools, such as contact lists, fact sheets and basic company information materials, are most critical to successful crisis management?

RQ4: How do other factors such as relationship with management, autonomy and corporate culture affect the implementation of crisis communication plans?

For the purpose of this study, crisis will be defined as “an intense, unstable state resulting in decisive change” (Umansky, 93/94). Crisis communications will be defined as the communication distributed to various public before, during and following a crisis event. Autonomy of the public relations department refers to the level of independent decision making authority given to the public relations staff. Existing communication culture refers to the level of openness or vice versa an organization usually functions under.

## **Method**

To study the effectiveness of crisis communication plans in the public relations profession, four public relations practitioners and one small business owner were selected for in-depth interviews based on the following question set. The question set was not employed as a survey; however, it was used to guide the interviews. Other questions were added as necessary to gather more detailed information based on the responses of the participants.

Forty-one professionals were asked to respond via e-mail to question 11 from the question set. Eleven of these e-mails were returned undeliverable. The researcher was unable to locate these professionals due to time constraints resulting from an initial low response rate from professionals. Twenty-one practitioners chose to participate in the survey. Practitioners for both the interviews and the survey were chosen through a convenience sample and were a mixture of Indianapolis area, male and female, corporate, agency and non-profit professionals.

Three crisis summaries, Pepsi, Exxon and Johnson and Johnson, were also used for this project. Each case was evaluated on aspects of crisis communication campaigns. Aspects assessed included the effects of communication culture and public relations department autonomy, the effects of different levels of involvement between upper management and public relations staff and the effect of customized communication (communication culture) during different stages of crisis. Cases were selected due to their relevance to one or more of the above areas. The three chosen cases illustrate how one or more of the theories proposed in the review of literature are applied to actual crisis situations.

In addition to results from the interviews, surveys and crisis summaries, a crisis plan developed by the researcher during an internship with Riverview Hospital, Noblesville, Indiana, also will be presented with a narrative on why and how the plan was developed and introduced to senior management.

The above methodology will be utilized to uncover the elements that most often determine success or failure within a crisis situation. The following represents the question set utilized for the study.

1. Please provide your name, title, company and years employed
2. Please provide some information regarding the structure and design of your company's crisis communication plan or strategy.
3. What tools within this strategy or plan do you find to be the most critical?
4. What additional elements would you like to see included in your company's crisis communications efforts?
5. How important, if at all, do you think autonomy of the public relations department is to crisis communication?
6. What effect, if any, do you think existing communication culture has on crisis communication efforts?
7. How would you describe the ideal level of interaction between the public relations department and top management?
8. What level of importance do you attach to a formal, written crisis communication plan?
9. What are your feelings towards going into crisis without any formal plan? Why?
10. Rank the following in order of importance to you. (1 being most important)\*

- \_\_\_\_\_ A high level of autonomy of the public relations department.
- \_\_\_\_\_ A high level of interaction with upper management.
- \_\_\_\_\_ A formal crisis communications plan.
- \_\_\_\_\_ A highly open communication culture or environment within your company.

11. Please describe any other factors of critical importance to your crisis communication efforts.

## Results

Four public relations professionals were interviewed to evaluate their thoughts on each of the discussed crisis communication issues. Three men and one woman were utilized for this portion of the study. The researcher found that it was harder to locate women to conduct this portion of the research. Thus, a larger number of women were utilized for the survey portion discussed below. Responses were based on the 11 questions detailed in the methodology.

The structure of crisis plans among these individuals ranged from very detailed to nonexistent. Bob Shultz, senior manager of communication and public relations for the Indianapolis Convention and Visitors Association, described the most detailed plan, which included an outline of decisions and actions, a list of potential crises, a list of team members and their roles, a walk through crisis, tips for message development and delivery, instructions for situation analysis, crisis prevention methods, follow-up procedures and media directories.

For the three professionals who are currently working with plans, critical tools included internal contact lists, a centralized media center and situation analysis. Jennifer Dzwonar, vice president at Borshoff Johnson public relations agency, stated that plans are different for each organization, but every organization finds value in the internal contact list. She also commented that the best place for such a list is at the professional's home since a large number of crises occur when the professional is not prepared or at the office. Dennis Rosebrough, public affairs director for BAA Indianapolis (Indianapolis International Airport), stressed the importance of a centralized media center in his area of



public relations. He commented that this keeps the remainder of the airport running as smoothly as possible and keeps media people off the airfield and out of any danger.

Dzwonar informed the researcher that several of her clients focused on the logistics of crisis but neglected the media relations area. She suggested that to improve current crisis planning efforts, companies must take a closer look at this area. Rosebrough also emphasized this when he commented that he would like to develop a pre-packaged media kit on the airport to assist media in knowing the basic facts when reporting on a crisis at the airport. He felt this would save the media time and effort in asking these background questions. Shultz took a different angle and commented that more cross-functional training and mock crisis training would be beneficial for his organization's crisis response efforts.

The professionals seemed to agree that autonomy of the public relations department was not entirely critical. Instead, the professionals agreed that access to management to assist with decisions was of more importance. "One would hope that by definition this person (the public relations professional) would have authority and would have hopefully helped to develop the current plan. In that case, the department should just function normally," Rosebrough said. He went on to explain that if the public relations person usually has a seat at the management table, then a crisis situation should be no different. The public relations person should have the same level of decision-making authority as normal.

Attitudes toward communication culture ran along the same lines. The professionals generally agreed that communication during a crisis was simply an extension of the normal communication process. Dzwonar stated that during a crisis an organization "becomes more of what it already is." Shultz took a little different angle and said,

“Experience is the ultimate indicator.” A company that has been burned in crisis before may adopt a “bunker mentality,” while a company that has experienced success may be more proactive.

All the professionals mentioned a “seat the table” and trust and relationship building when commenting on interaction between public relations departments and upper-level management. All the professionals felt that this area was critical to the public relations professional’s crisis response because it allows the professional access to decision makers. Professionals also discussed trust and relationships that assisted public relations professionals in influencing management during crisis. However, the professionals did indicate that these relationships need to be in place long before crisis occurs. As Dzwonar commented, “Crisis is not the time to try to develop rapport.”

Again, the professionals tended to agree that some sort of crisis plan was important. They did concede that the detail and extensiveness of the plan varied by organization; however, some type of crisis manual should be available. Hall said that it helped to have a plan so that the public relations person did not have to mentally check off duties and could avoid missing important details. When commenting on the importance of planning, Shultz summed it up when he stated, “The greatest tragedy of any crisis is for someone else to think, that can’t happen to us.”

Final thoughts on the crisis area were also interesting. The professionals urged others to define crisis for their specific company, build trust and relationships with management and take the time to develop key messages, fact sheets and other helpful tools.

In addition to the areas discussed above, the four public relations professionals interviewed were also asked to participate in the ranking of autonomy, interaction, a formal plan and communication culture. This survey and its results are discussed below.

From the 21 subjects participating in the survey portion of the study, 43% were male and 57% were female. A higher number of females were selected to participate to offset the 4:1 ratio of male versus female participants in the interview section of the study. Of 41 potential participants, 11 e-mails were returned to the interviewer as undeliverable. Twenty-one professionals, 51 percent of those asked, chose to participate.

Professionals were asked to rank the following areas in order of importance to crisis communication efforts: autonomy of the public relations department, a high level of interaction with upper-level management, the presence of a formal crisis communication plan and a highly open communication culture within the organization.

The first statement asked respondents to evaluate the importance of a high level of autonomy within the public relations department to crisis communication efforts. Fifty-two percent of the respondents ranked this item as a four, being the least critical of the four elements of crisis communication identified through the review of literature detailed above. Twenty-four percent of the respondents labeled this item as a 3. Nineteen percent also ranked autonomy as a two, and 5 percent of the professionals ranked this area as a 1, being the most critical to crisis communication efforts (See Table 1).

The second statement in the rank question evaluated the importance of a high level of interaction between upper management and the public relations department. Of the 21 respondents, no professionals ranked this item as the least critical. Five percent of the professionals felt that this item was of the third highest importance. Thirty-eight percent of

the professionals ranked this item as second, and 57 percent of the professionals felt that interaction with upper management was the most critical aspect to crisis communication efforts (See Table 1).

The third area researched dealt with the importance of a formal crisis management plan. Ten percent of the professionals felt that this was of the least importance. Fourteen percent of the professionals ranked this item as a three. Twenty-nine percent felt that the presence of a crisis plan was the second most important aspect, while 48 percent believed that formal crisis planning was the most critical element (See Table 1).

The final area evaluated the importance of a highly open communication culture within the organization. Nineteen percent of the professionals ranked this item the least important of the four. Forty-eight percent decided that this area merited a three. Nineteen percent of the professionals rated communication culture as the second most critical element, and 14 percent of the professionals selected this area as the most important to crisis communication (See Table 1).

**Table 1**

**INDIVIDUAL ITEM RESULTS OF RANKING EXERCISE**

	<b>Autonomy</b>	<b>Interaction</b>	<b>Crisis Plan</b>	<b>Communication Culture</b>
<b>Rank of 4</b>	<b>52%</b>	<b>0%</b>	<b>10%</b>	<b>19%</b>
<b>Rank of 3</b>	<b>24%</b>	<b>5%</b>	<b>14%</b>	<b>48%</b>
<b>Rank of 2</b>	<b>19%</b>	<b>38%</b>	<b>29%</b>	<b>19%</b>
<b>Rank of 1</b>	<b>5%</b>	<b>57%</b>	<b>48%</b>	<b>14%</b>

Each professional was asked to provide a number sequence for the ranking such as 4, 2, 3, 1. The most popular number sequence was 4, 1, 2, 3 which ranked interaction as most critical followed by a crisis plan, an open communication culture and a high level of

autonomy, respectively. Twenty-nine percent of respondents chose this number sequence. Fourteen percent of respondents gave a 4, 2, 1, 3 number sequence ranking the crisis plan as most important followed by interaction with upper-management, an open communication culture and a high level of autonomy, respectively. Other significant sequences included 3, 2, 1, 4, (crisis plan, interaction, autonomy and communication culture,) and 2, 1, 3, 4, (interaction, autonomy, crisis plan and communication culture.) Each of these sequences encompassed 10 percent of the respondents (see table 2). Other selected sequences, each with 5 percent rates, included the 4, 3, 2, 1 sequence, the 3, 2, 4, 1 sequence, the 4, 1, 3, 2 sequence and the 3, 1, 4, 2 sequence. Four professionals skewed the results of the survey by choosing to give two or more areas an equal ranking. These professionals explained that some areas simply carried the same weight and could not be ranked according to the one to four scale. These sequences are listed in the “other” category of table 2 and included sequence 2, 1, 1, 2; sequence 2, 1, 1, 3; sequence 2, 1, 1, 1; and sequence 1, 1, 1, 1.

**Table 2**

**NUMBER SEQUENCE RESULTS OF RANKING EXERCISE**

<b>4, 3, 2, 1</b>	<b>4, 1, 2, 3</b>	<b>4, 2, 1, 3</b>	<b>3, 2, 1, 4</b>	<b>2, 1, 3, 4</b>	<b>3, 2, 4, 1</b>	<b>4, 1, 3, 2</b>	<b>3, 1, 4, 2</b>	<b>Other</b>
<b>5%</b>	<b>29%</b>	<b>14%</b>	<b>10%</b>	<b>10%</b>	<b>5%</b>	<b>5%</b>	<b>5%</b>	<b>19%</b>

## Conclusions

This research project provides insight into various areas that may affect crisis communication efforts within an organization. Professionals and crisis summaries chosen for the research represented both male and female perspectives from the corporate, agency and non-profit areas of public relations.

The results clearly indicate that the professionals surveyed value a high level of interaction with upper-level management above any of the other three areas researched through this paper. Fifty-seven percent of the professionals surveyed chose interaction as the number one item of importance to crisis communication efforts. The interaction percentage beat the closest other area, the presence of a formal crisis plan, by 9 percent.

Interaction with upper-level management was also cited several times during the in-depth interviews. The professionals often mentioned that a strong relationship with management made the other areas possible. They stated that autonomy was not given to the public relations staff. It was earned through a trust-based, established relationship. Results indicated that a crisis plan was difficult, if not impossible, to execute without this interaction and a highly open communication culture stemmed from and sometimes stimulated this trust-based relationship.

The importance of a high level of interaction with management was also visible through the case studies. Successful examples, such as Pepsi and Johnson and Johnson, used upper-level management as a resource throughout their crisis campaigns. The coordination between communication professionals and management in these cases communicated a high level of concern and importance. When the CEO was involved and

actively pursuing answers to the situations, consumers reacted more favorably to the company.

Written crisis planning also earned a high ranking with the professionals, gaining 47 percent of the number one rankings. Professionals in the in-depth interviews commented on the importance of checklists, contact lists and media tools in easing a crisis situation. Impressions given throughout the interviews were that crisis plans worked as a way to increase efficiency and provide information more quickly to the media. This clarifies the correlation between a desired high level of interaction with management and the desire for a written plan. Results indicate that in an ideal situation, public relations professionals prefer to work with management to conduct crisis planning and everyday decision formulation. Then, if crisis does occur, professionals will utilize a plan that they have designed with management to handle the situation. Interaction with management acts as the stamp of approval on such plans, easing the decision making process during crisis.

Results also indicated that although some attention should be given to both the autonomy of the public relations department and communication culture, interaction and written planning are more critical to crisis efforts. Most professionals suggested that a high level of interaction with management facilitates all three other areas.

## **Limitations and Future Research**

There are three prevailing limitations to this study. First, it was difficult to select an adequate sample for the research. A convenience sample had to be chosen due to time constraints and resources. Future researchers may be able to devise a method to evaluate a wider variety of professionals from other areas of the country. The research conducted here focused only on the Indianapolis area.

The second limitation also involved time constraints; however, these were a result of the lack of time that professionals had to give to the project. It was difficult to gather a large enough sample of professionals who were willing to participate in the project. The researcher encountered several cancelled appointments and other obstacles. Future researchers may find it easier to conduct a focus group rather than interviewing or surveying participants individually. The future researcher must be prepared to have several potential participants drop out of the study and, thus, must include a higher number of participants than necessary to complete the project.

The third limitation stemmed from the ranking survey that was e-mailed to participants. First, some professionals did not adequately follow the directions. Although the directions were listed with the question, some professionals did not follow the ranking system. This information did provide insight into crisis communication, but it may have made the numbers misrepresent the importance of different areas of crisis communication.

As with any mailed or e-mailed survey, professionals were unable to seek clarification of any of the items or instructions. This may have led them to rank areas according to what they thought was the correct interpretation. However, the survey was tested by 10 subjects before e-mailing to try to prevent this occurrence.



Future researchers may find it interesting to focus more on the relationship between upper-level management and public relations departments. The research done here suggests that this relationship or lack thereof has significant impact on crisis communication efforts. Perhaps research could focus on particular cases where the relationships were and were not established prior to crisis and compare the results.

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communication efforts. Perhaps research could focus on particular cases where the  
relationships were and were not established prior to crisis and compare the results.

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# **Riverview Hospital Crisis Plan**

**Developed by: Beth Boggs**

I accepted an internship with Riverview Hospital in Noblesville, Indiana, for the summer of 1999. At the beginning of my internship, I completed small projects and assisted with various special events. As I proved myself to others in my department, I began receiving larger, more in-depth assignments.

Several of these assignments were of significant educational value. Some such tasks included researching and constructing a new local media list, designing a 1999-2000 marketing department action plan and assisting with corporate goal setting.

The media list assignment consisted of contacting various media outlets to receive contact information for the station or paper and contact names of news editors and healthcare reporters. The completed media list was to provide a valuable efficiency tool to the crisis communication efforts at Riverview and is included within the plan.

The marketing department action plan was also a large assignment. In this instance, I researched possible publicity events, such as cancer awareness month, and brainstormed ways the hospital could distribute useful information while promoting its services. The action plan covered one year and included the event and date, suggested publicity angles, project assignments, target audiences and key messages.

The action plan was developed to fulfill corporate marketing goals designed by each hospital department. My role in the goal setting assignment consisted of surveying hospital departments over various areas, marketing, customer relations and financial growth, and adding their suggestions to a list of "Riverview shoulds."

Following the surveying, I compiled the suggestions to develop goals for each department. My department, marketing, received several suggestions, but most emphasized a

desire for an increase in communication and publicity. The action plan was geared to fulfill these requests.

Each of the previously described assignments prepared me for my final project at Riverview, designing a crisis communication plan. Approximately one month into my internship, I was asked to prepare a crisis communication plan for the public relations department to be presented at the conclusion of my internship. A crisis action plan existed for the hospital risk management department, but no communication issues were outlined. My task was to create a plan that dealt specifically with the media and public relations department to supplement the existing crisis action plan.

As the internship progressed and I learned more about the hospital and public relations, I was instructed to begin spending more time on the plan. I eagerly accepted this assignment recognizing that it would be an excellent learning experience. I knew that the research that I had done and the contacts that I had made through the media list production would assist me in understanding the media targets for the crisis plan. I had also done work with employee appreciation events and communications to prepare me to design a crisis response plan with the various hospital departments. The action plan gave me experience with preparing and disseminating key messages, and finally, the hospital goal setting project allowed me to further understand the communication objectives of the organization so I could more effectively prepare a crisis communication plan. The only obstacle that stood in my way was a lack of experience with crisis planning. I had no prior knowledge about the elements of or the proper way to format a crisis plan. Recognizing this obstacle, I began researching crisis communication.

To begin my research, I used the Internet to read more on crisis planning. I ordered books through Amazon.com and set up an interview with Fred Bagg, director of community relations at

St. Francis hospital in Indianapolis. Bagg has a high level of experience in the crisis planning area and provided an excellent resource for my research. Even after reviewing all the literature, Bagg remained my most valuable information source.

Bagg was generous enough to give me a copy of parts of his written plan. He also discussed with me various areas of a crisis plan that he thought were critical. After discussing these areas with my supervisors, I modified these areas to suit Riverview.

Interacting with my supervisor, Margaret Osborn, I edited and added tools to the plan as it applied to our specific situation. Osborn and I decided that a pre-named crisis team, lists of their duties and a contact list were of the utmost importance to the Riverview plan. Since no information of this kind existed previously, the contact lists were essential even for day-to-day communications within the hospital. Upon suggestion from Bagg, I also created pre-made forms, such as a media log to detail any statements made to the media, a casualty and injury list to assist in keeping the media informed and a list of potential crises.

When Osborn approved the plan, I presented the materials to department representatives at the marketing team meeting. The marketing team included 24 key hospital employees. Each department was represented at the monthly meetings. This was a great opportunity for me to get in front of the group and practice presenting materials that I had designed. It was my first experience presenting work in a professional setting. I felt that I was being evaluated favorably by my coworkers and that they were interested in pursuing the crisis planning materials and suggestions that I presented.

Through the presentation, I detailed the plan itself and what its uses would be. I familiarized each department member with what his or her responsibilities, if any, would be in the implementation of the plan. I also fielded questions regarding its uses. Each team member

was asked to look through the plan, keeping in mind that the hospital hoped to utilize mock crisis drills to exercise the new plan.

I presented the plan on the final day of my internship with Riverview, and it represented the capstone of my internship experience. The opportunity to plan for crisis familiarized me with many of the tools that can be utilized to spread awareness of the company and situation within a limited time period. While I was at Riverview, I had the opportunity to develop some of these tools, news releases, fact sheets, brochures, the Web page ([www.riverviewhospital.org](http://www.riverviewhospital.org)) and other hospital information sources. It was valuable to me to become even more aware of the role that these written pieces play in company communication. The experience supplemented what I had learned in class, that the written pieces produced by public relations practitioners are critical tools to support communication efforts.

I also learned about utilizing my resources, operating on deadline and gathering information independently for an assignment. I interviewed other hospital employees to gain information on crisis management efforts already in place. I stayed late several nights to complete the plan, and I took the assignment with the confidence that through research I could put a quality plan together with no prior knowledge of crisis planning.

My plan, included here, outlines how a specific set of hospital representatives might manage crisis communication. The creation of a team was to keep sources to the media consistent. The team approach was intended to eliminate the dissemination of multiple messages. It would also assist with accuracy, timeliness and general organization.

Each team member was assigned a set of duties. These lists were intended to clarify responsibilities and reduce omissions.

Also included was the contact list. The contact information was omitted for this project due to privacy concerns. However, all information was put together for the hospital to utilize.

The media log, casualty and injury list and potential crisis list were developed at the suggestion of Bagg. Again, the intention was to increase efficiency and timeliness.

The completed plan supports the areas discussed through the literature review and research discussed earlier. The hospital president and vice president were included in the crisis planning efforts to ensure interaction with management prior to any crisis outbreak. A team was designed with specific outlined duties to create autonomy and facilitate the timely release of information. A formal plan was created to guide the communication professionals and build upon the open communication culture that was developing at the hospital via brochures, interviews, news releases and other written materials.



**Riverview Hospital Crisis Communication Team**  
**Last Updated: August 13, 1999**

**A. Spokesperson**

Margaret Osborn  
Marketing Director

**B. Information Gatherer (media support)  
and Writer**

Julie Stis  
Communications Specialist

Trish Bixler  
Executive Director, Foundation

**C. Log Keeper and Volunteer Coordinator**

Jill Fleenor  
Volunteer Coordinator

**D. Courier/Support**

Marketing Interns and Personnel

*In the absence of one team member, each team member moves up one level.*

**E. Family Coordinator**

Barb Buer  
Clinical Director  
Bill Cunningham  
Chaplain

**F. Engineering Support**

Scott Tripp  
Engineering Director

**G. Security**

Jay Wilkinson  
Security Director

**H. Other Team Members**

Seward Horner, President  
Barb Hale, Vice President Operations and Nursing  
Joyce Wood, Organizational Improvement

**Crisis Team Contact List**

<b>Contact &amp; Title</b>	<b>Travel Time</b>	<b>Office Phone/Office Fax</b>	<b>Home Phone</b>	<b>Pager or Cellular</b>	<b>E-mail Address</b>
<b>Margaret Osborn</b> Marketing Director					
Communications Specialist					
<b>Jill Fleenor</b> Volunteer Coordinator					
<b>Marketing Intern</b>					
<b>Barb Buer</b> Clinical Director					
<b>Bill Cunningham</b> Chaplain					
<b>Scott Tripp</b> Engineering Director					
<b>Jay Wilkinson</b> Security Director					
<b>Seward Horner</b> President					
<b>Trish Bixler</b> Foundation Director					
<b>Barb Hale</b> Vice President - Operations & Nursing					
<b>Joyce Wood</b> Organizational Improvement					

## Administration Contact List

Contact & Title	Travel Time	Office Phone/Fax	Home Phone	Pager or Cellular	E-mail Address
<b>Seward Horner</b> President					
<b>Paul Beal</b> Ambulance Service					
<b>Trish Bixler</b> Foundation Director					
<b>Beth Estill</b> Physician Services					
<b>Doneta Wire</b> Controller					
<b>Barbara Robinson</b> Information Systems					
<b>Jon Anderson</b> Vice President Fiscal Services					
<b>Kaye Hatch</b> RN/Employee Health/IC					
<b>Syd Ehmke</b> RN Health Clinic					
<b>Lisa Ramsey</b> Health Information/Patient Accounts/Discharge Planning/UR					
<b>Peggy French</b> Home Care					
<b>Wanda Miller</b> Vice President Human Resources					
<b>Denise Kelley</b> Laboratory/OPDC/Ra diology/Central					

Scheduling					
<b>Larry Nevins</b> Materials Management/Dietary					
<b>Barb Hale</b> Vice President, Operations and Nursing					
<b>Nursing Clinical Directors:</b>					
<b>Beverly Lamb, RN</b> Maternity					
<b>Alice Noppenberger,</b> RN Critical Care					
<b>Barb Buer, RN</b> Med/Surg					
<b>Nursing Supervisors:</b>					
<b>Rita Webb, RN</b>					
<b>Joy Barrett, RN</b>					
<b>Lana Zook, RN</b>					
<b>M. Diane Wood, RN</b>					
<b>Kelley Kelly, PRN</b> Supervisor					
<b>Rhonda Reynolds,</b> PRN Supervisor					
<b>Carol Kunkle, PRN</b> Supervisor					
<b>Jim Reichert, R.Ph.</b> Pharmacy					
<b>Scott Tripp, Director</b> Engineering/Laundry					
<b>Joyce Wood</b> Organizational Improvement					
<b>Margaret Osborn</b> PR/Marketing					
<b>Radiology</b>					

<b>Supervisors:</b>					
<b>Phil Partlan</b> Radiation Therapy					
<b>Kelly Wells</b> Women's Center/Radiology					
<b>Carolyn Gum, MS,</b> PT, Rehab Services					
<b>Jay Wilkinson</b> Security					
<b>Jae Ebert</b> Vice President, Support Services					
<b>Sally Peck, RN</b> Surgery Services					
<b>Dennis Pippenger,</b> VP, MedAffairs/Surgery					
<b>Margie Quick</b> Administrative Assistant					
<b>Administration Fax</b>					
<b>Administration, On- call pager</b>					

<b>Attorney</b>	<b>Address</b>	<b>Office Phone/Fax</b>	<b>Home Phone</b>	<b>Pager/Cellular</b>
John Culp				

## **Responsibilities of the Crisis Communication Team Members**

- Monitor the hospital to locate/target potential sources of crises (ongoing)
- Regularly review, evaluate and alter the crisis communication plan
- Help plan and execute the hospital's crisis drills
- Work with the hospital's disaster team, providing the communications function for those crises when the hospital's disaster response is initiated

## **Responsibilities of Crisis Team Members**

### **A. SPOKESPERSON**

- **ADMINISTRATION**

- Coordinate all responsibilities of the crisis communication team
- Cooperate with administration to decide the quantity and nature of information to be released both internally and externally
- Cooperate with administration to approve written statements
- Act as liaison with the medical spokesperson/expert involved
- Arrange and/or conduct regularly scheduled crisis meetings with administration
- Facilitate media access to administrative personnel when necessary

- **CRISIS TEAM**

- Assign specific duties to other members of the crisis communication team
- Assign crisis communication team members to specific audiences

- **MEDIA**

- Determine if the nature of the crisis requires creating and opening a media center
- Designate volunteers/employees to escort and greet media at the media center and lobbies
- Analyze and prioritize key audiences
- Be responsible for all information released to the media at the hospital (on the scene)
- Answer telephone inquiries from media or others or train other personnel to do so
- Determine if the nature or magnitude of the crisis requires designating a hotline for patient, family and community calls
- Read statements which have already been released and/or pass on questions to other qualified individuals
- Coordinate/arrange other medical or administrative spokespersons as needed (experts)
- Expedite special requests of the media for interviews and photographs
- Determine if there is need for pro-active media communications, e. g. weather, power outage or other emergency necessitating notification of potential patients, families and community through the mass media
- Initiate any pro-active or reactive media responses to appropriate broadcast or print outlets
- **RESOURCE UTILIZATION**
- Coordinate with professionals from other hospitals (in cases where other hospitals are responding to the same disaster)
- Determine if and when the situation requires assistance from a PR agency or other communications experts

## **B. INFO GATHERER - (media support)**

### **• CRISIS TEAM**

- Confirm current information on disaster with the writer on a regular schedule (15 to 30 minutes)
- Provide the names of casualties and victims, nature of medical problems, time, nature and location of disaster, extent of damage, steps taken to respond to disaster, etc to writer, log keeper, hotline operator and family coordinator
- Participate in regularly scheduled crisis meetings with administration
- Facilitate media access to administrative personnel when necessary
- **ADMINISTRATIVE DUTIES (INFORMATION GATHERING FOR MEDIA & FOR RECORDS)**
- Maintain a casualty information list
- Gather background information on speakers (experts, spokesperson, etc.)
- Gather statistics about the disaster (death toll, damage etc.)
- Take photographs and keep internal records

### **• MEDIA**

- Arrange for the set-up of the media center when necessary (phones, cots, blankets, interview room, food, drinks, fax, escorts)
- Supervise media center and other areas where media are gathered to ensure supplies are available
- Back up hospital spokesperson
- Back up focus on internal audiences
- Answer telephone inquiries from media and others or train other personnel to do so
- Read statements which have already been released and/or pass on questions to other qualified individuals
- Coordinate/arrange other medical or administrative spokespersons as needed
- Expedite special requests of the media for interviews and photographs

- Provide writing/clerical support

### **• RESOURCE UTILIZATION**

- Coordinate with PR professionals from other hospitals (in cases where other hospitals are responding to the same disaster)

- *Complete any other duties as assigned*

## **WRITER**

- Prepare a statement acknowledging the crisis and providing initial information on the situation
- Obtain additional information for release from Information Gatherer every 15 - 30 minutes
- Prepare statements for release to the media (to be released every 30 minutes within the initial 4 hours) Draft of statements is to be given to the spokesperson for approval with administration.
- Assist in answering telephone inquiries when necessary
- Coordinate all other aspects of communication from and to the disaster control center including routing of telephone calls
- Release all statements and information on the Internet/Intranet pages
- Distribute media release or crisis information to managers via e-mail system



### **C. LOG KEEPER AND VOLUNTEER COORDINATOR**

- At the moment when the disaster is declared, start a log that keeps track of who did what, when and the calls that came in. Also include any prepared statements.
- Assist with answering telephone inquiries when necessary
- Fax prepared statements to media upon request
- Assist with clerical support (typing, copying, faxing, file management)
- Assist spokesperson in keeping record of all statements
- Contact and organize volunteers when necessary
- Provide direction to volunteer forces as it pertains to the situation
- Serve as volunteer contact and source of information
- Complete any other duties as assigned
- After the disaster, prepare or update the crisis reference binder with a brief evaluation of crisis team performance and any materials that were utilized

## **D. COURIER**

- Distribute media release or memo to all departments/employees detailing incident
- Distribute media guidelines to media representatives in the media center
- Distribute question cards
- Post signs throughout the hospital directing media and families to proper areas (media center, restroom, food etc.)
- Assist in manning media center and or area where media are gathered - ensure that supplies are available
- Assist Information Gatherer in the set-up of the media center
- Escort media to media center or designated area
- Help provide typing/clerical support
- Run errands/deliver messages
- Complete any other duties as assigned

## **E. FAMILY COORDINATOR**

- Act as liaison between hospital administration/spokesperson and family members
- Arrange for and provide materials for long term stays (cots, blankets, food, etc.)
- Provide released media statements to friends and relatives of the affected at the hospital
- Help facilitate media access to family and friends of affected persons
- Complete any other duties as assigned

## **F. ENGINEERING SUPPORT**

- Coordinate and communicate with crisis communication team as it pertains to the status of equipment, building electrical, etc.
- Continually update crisis team as to the status of these areas for communication purposes

## **G. SECURITY**

- **1) MEDIA CENTER**

- Check media credentials at the media center entrance
- Assist in monitoring the media center
- Help facilitate media access to family and friends of affected persons as well as hospital units and personnel
- Become familiar with the established media guidelines

- **2) CRISIS SCENE**

- Perform traffic control
- Maintain scene of incident
- Interact with outside authorities
- Report activity to spokesperson regularly

## **H. OTHER CRISIS TEAM MEMBERS**

- Cooperate with crisis team in distribution of information and other duties
- Perform tasks as assigned

**Potential Crisis List**  
**(Last Updated – August 13, 1999)**

<b>Crisis</b>	<b>Probability</b>	<b>Impact</b>
Fire		
Toronado		
Flood		
Hazardous material leak		
Electrical problem or breakdown within hospital		
Explosion		
Bomb threat		
Equipment malfunction or failure		
Y2K		
Contamination		
Terrorism		
Toxic Waste		
Corporate Compliance Issues		
Fraud and abuse issues		
Layoffs		
Administrator/Employee involved in scandal (outside hospital)		
Administrator/Employee involved in scandal (inside hospital)		
Pay/Benefit cuts or changes		
Negative legislation		
Change in services offered that has widespread effect on employees and potential patients		
Malpractice suit		
Insurance error		
Discrimination		
Alcohol abuse		

Bankruptcy		
Drug trafficking		
Drug abuse		
Embezzlement, bribery or fund misuse		
Merger or acquisition		
Closing facility or satellite facility		
Protest demonstration, boycott or strike		
Racial issues		
Robbery		
Sexual harassment		
Tax problems		
Workplace violence		
Death of employee on hospital premises		
Death of patient under abnormal circumstances, error or negligence		
Tragedy in the community that brings large patient volume to hospital in short time period		
Accommodating a patient of celebrity status		
Suicide of patient or employee		



Riverview Hospital Media Log

Time	New Developments



**For further information on crisis communication planning, please consult:**

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# Riverview Hospital

## Riverview Facts

**Overview:** Riverview Hospital is a not-for-profit, full-service hospital located in Hamilton County, Noblesville, Indiana. Riverview is one of the county's ten largest employers with a staff of more than 900 individuals. The medical staff is comprised of 300 physicians who specialize in 33 different medical specialties. Riverview offers the same medical conveniences and technology as most metropolitan hospitals, but with the ability to offer personalized attention. Riverview is a county-owned hospital but receives no tax dollars for operating expenses.

**Patients:** Each year at Riverview approximately 5,000 patients are admitted; 16,000 are treated in the emergency department; 700 babies are born; and 150,000 individuals receive outpatient treatments.

**Services  
Provided:**

Cardiac Services  
Critical and Urgent Care Services  
Diagnostic Services  
Home Health Care Services  
Neurologic Services  
Nursing Services  
Oncology Services

Pulmonary Services  
Primary Care Services  
Surgical Services  
Women's Services  
Rehabilitation Services  
Corporate Services  
Medical Services

**Physician  
Specialties:**

Allergy & Immunology  
Anesthesiology  
Cardiology  
Cardiovascular & Thoracic Surgery  
Colon & Rectal Surgery  
Dermatology  
Emergency Medicine  
Family Practice  
Gastroenterology  
General Surgery  
Infectious Disease  
Internal Medicine  
Nephrology  
Neurology  
Neurosurgery  
Obstetrics & Gynecology  
Oncology & Hematology

Ophthalmology  
Oral and Maxillofacial Surgery  
Orthopedics  
Otolaryngology  
Pathology  
Pediatric Dentistry  
Pediatrics  
Physiatry  
Plastic and Reconstructive Surgery  
Podiatry  
Psychiatry  
Pulmonary Medicine  
Radiation Oncology  
Radiology  
Urology  
Vascular Surgery

**Additions:** Recent additions to Riverview Hospital include: the Cancer Center with radiation therapy; an expanded surgery center; a center for short-term acute medical rehabilitation; a transitional care unit; the Center for Spine and Pain Disorders; and CarePoint Immediate Medical Care center.

**Contact:** For more information on any Riverview services, or for a Physician Directory, call (317) 776-7450 or visit Riverview on the Internet at: [www.riverviewhospital.org](http://www.riverviewhospital.org)

395 Westfield Road  
Noblesville, IN 46060  
317-773-0760  
Fax: 317-776-7134  
[www.riverviewhospital.org](http://www.riverviewhospital.org)

**Riverview Hospital Marketing Department – 1999 Media List**  
**(Last updated: June 1, 1999)**

<b>Television Station</b>	<b>Contact Information</b>	<b>News Assignment Editor</b>	<b>Medical/Healthcare Reporter</b>
<b>WRTV</b> (Channel 6) P.O. Box 607 Indianapolis, IN 46206	Newsroom Ph: 269-1440 Newsroom Fax: 269-1445 E-mail: <a href="mailto:6news@wrtv.com">6news@wrtv.com</a> Telephone: 635-9788	Dennis Jarrett	Stacia Matthews
<b>WISH TV</b> (Channel 8) P.O. Box 7088 Indianapolis, IN 46207	Newsroom Ph: 931-2222 Newsroom Fax: 931-2242 E-mail: <a href="mailto:wishmail@wish-tv.com">wishmail@wish-tv.com</a> Web site: <a href="http://www.wishtv.com">www.wishtv.com</a> Main Office: 926-1144	Jim Scott	Debby Knox
<b>WTHR</b> (Channel 13) P.O. Box 1313 Indianapolis, IN 46206	Newsroom Ph: 655-5740 Newsroom Fax: 632-6720 E-mail: <a href="mailto:13news@wthr.com">13news@wthr.com</a> Web site: <a href="http://www.wthr.com">www.wthr.com</a> Telephone: 636-1313	Theresa Wells-Ditton	Lynda Moore
<b>WXIN</b> (Channel 59) 1440 N. Meridian St. Indianapolis, IN 46202	Newsroom Ph: 687-6541 Newsroom Fax: 687-6556 Telephone: 632-5900	Bridget Minogue	Jordiana Green – contact, but not health reporter. No health reporter at this time.

<b>Newspaper</b>	<b>Contact Information</b>	<b>Editor</b>	<b>Healthcare reporter</b>
<b>Indianapolis Star/News Metro North</b> 1350 S. Range Line Rd. Carmel, IN 46032	Ph: 816-4420 Fax: 816-4440	Bureau Chief: Dennis Royalty	No healthcare reporter
<b>Topics</b> 54 N. 9 <sup>th</sup> St. Noblesville, IN 46060	Ph: 598-6397 Fax: 598-6340	Managing Editor: Ron Browning	Entertainment: Christy Nichols ext. 179 <a href="mailto:Cnichols@topics.com">Cnichols@topics.com</a>  Health and fitness: Dana Knight ext. 184 <a href="mailto:Dknight@topics.com">Dknight@topics.com</a>
<b>Indianapolis Business Journal</b> 41 E. Washington St. Suite 200 Indianapolis, IN 46204	Ph: 634-6200 Fax: 263-5406	Managing Editor: John Ketzenberger	Greg Jefferson
<b>Associated Press</b> P.O. Box 1950 Indianapolis, IN 46206	<i>Faxes Preferred</i> Telephone: 639-5501 Fax: 638-4611		

<b>Radio Station</b>	<b>Contact Information</b>	<b>News Director</b>	<b>Send PSA's to:</b>
<b>WGGR, 106.7</b> <b>WHHH, 96.3</b> <b>WIRE, 100.9</b> 6264 La Pas Trail Indianapolis, IN 46268	Ph: 293-9600 Fax: 328-3870	Amos Brown	Not listed
<b>WMYS 1430</b> <b>WTPI 107.9</b> <b>WZPL 99.5</b> 9245 N. Meridian St., #300 Indianapolis, IN 46260	Newsroom Ph: 816-4036 Newsroom Fax: 816-4060 Telephone: 816-4000 E-mail: <a href="mailto:mystar@ind.cioe.com">mystar@ind.cioe.com</a>	Kelly Vaughn (WMYS & WTPI)  Julie Patterson (WZPL)	Jerry Curtis: Public Affairs Director
<b>WENS 97.1</b> 950 N. Meridian St., #1297 Indianapolis, IN 46204	Telephone: 266-9700 Main Office Fax: 634-1618 Web Site: <a href="http://www.wens.com">www.wens.com</a>	Ann Craig <b>Same management as  WNAP</b>	Joann Klooz
<b>WNAP 93.1</b> 950 N. Meridian St., #1293 Indianapolis, IN 46204	Telephone: 236-9300 Main Office Fax: 634-1618 E-mail: <a href="mailto:buzzard@wnap.com">buzzard@wnap.com</a>	<b>Same management as  WENS</b>	Joann Klooz
<b>WFMS 95.5</b> <b>WGLD 104.5</b> <b>WGRL 93.9</b> 8120 Knue Rd. Indianapolis, IN 46250	Newsroom (WFMS): 577-3337 Newsroom (WGRL): 577-3344 Main Office Fax: 577-3378	Larry Leggett	Not listed
<b>WIBC 1070</b> 9292 N. Meridian St. Indianapolis, IN 46260	Telephone: 844-7200 Newsroom Fax: 844-2971 Web site: <a href="http://www.wibc.com">www.wibc.com</a>	Leigh DeNoon	Damon McDade: Public Affairs Director
<b>WTTS 92.3</b> 400 One City Centre Bloomington, IN 47404	Newsroom: 339-6397 Fax: 331-4570 Telephone: 332-3366	Diane Dailey	<b>Does not accept PSAs</b>